

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212542322			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CareFirst, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MD</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F1321803</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1501 S CLINTON ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BALTIMORE, MD 21224</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CHESTER E. BURRELL TITLE: PRES/CEO ADDRESS: 1501 S CLINTON ST CITY/ST/ZIP/CO: BALTIMORE, MD 21224 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHESTER E. BURRELL TITLE: PRES/CEO ADDRESS: 1501 S CLINTON ST CITY/ST/ZIP/CO: BALTIMORE, MD 21224	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHESTER E. BURRELL TITLE: PRES/CEO ADDRESS: 1501 S CLINTON ST CITY/ST/ZIP/CO: BALTIMORE, MD 21224	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JEANNE KENNEDY TITLE: TREASURER ADDRESS: 10455 MILL RUN CIRCLE CITY/ST/ZIP/CO: OWINGS MILLS, MD 21117 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEANNE KENNEDY TITLE: TREASURER ADDRESS: 10455 MILL RUN CIRCLE CITY/ST/ZIP/CO: OWINGS MILLS, MD 21117	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEANNE KENNEDY TITLE: TREASURER ADDRESS: 10455 MILL RUN CIRCLE CITY/ST/ZIP/CO: OWINGS MILLS, MD 21117	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: NATALIE O LUDAWAY, ESQ. TITLE: VICE COB ADDRESS: 1400 K ST., N.W., STE 1000 CITY/ST/ZIP/CO: WASHINGTON, DC 20005 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NATALIE O LUDAWAY, ESQ. TITLE: VICE COB ADDRESS: 1400 K ST., N.W., STE 1000 CITY/ST/ZIP/CO: WASHINGTON, DC 20005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NATALIE O LUDAWAY, ESQ. TITLE: VICE COB ADDRESS: 1400 K ST., N.W., STE 1000 CITY/ST/ZIP/CO: WASHINGTON, DC 20005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MICHAEL R MERSON TITLE: COB ADDRESS: 6308 N CHARLES ST CITY/ST/ZIP/CO: BALTIMORE, MD 21212 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL R MERSON TITLE: COB ADDRESS: 6308 N CHARLES ST CITY/ST/ZIP/CO: BALTIMORE, MD 21212	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL R MERSON TITLE: COB ADDRESS: 6308 N CHARLES ST CITY/ST/ZIP/CO: BALTIMORE, MD 21212	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN A PICCIOTTO TITLE: SECRETARY ADDRESS: 1501 S CLINTON ST CITY/ST/ZIP/CO: BALTIMORE, MD 21224 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN A PICCIOTTO TITLE: SECRETARY ADDRESS: 1501 S CLINTON ST CITY/ST/ZIP/CO: BALTIMORE, MD 21224	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN A PICCIOTTO TITLE: SECRETARY ADDRESS: 1501 S CLINTON ST CITY/ST/ZIP/CO: BALTIMORE, MD 21224	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Mary E Giblin TITLE: ASST SECRETARY ADDRESS: 840 1st Street, NE CITY/ST/ZIP/CO: Washington, DC 20065 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Mary E Giblin TITLE: ASST SECRETARY ADDRESS: 840 1st Street, NE CITY/ST/ZIP/CO: Washington, DC 20065	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Mary E Giblin TITLE: ASST SECRETARY ADDRESS: 840 1st Street, NE CITY/ST/ZIP/CO: Washington, DC 20065	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	Meryl D Burgin	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1501 S. Clinton Street		
CITY/ST/ZIP/CO:	Baltimore, MD 21224		
NAME:	Larry D Bailey, CPA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1718 M Street, NW		
CITY/ST/ZIP/CO:	Suite 373 Washington, DC 20036		
NAME:	Gregory V Billups	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12822 Meadowbrook Lane		
CITY/ST/ZIP/CO:	Waldorf, MD 20601		
NAME:	Trena Taylor Brown	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3000 Stone Cliff Drive		
CITY/ST/ZIP/CO:	#408 Baltimore, MD 21209		
NAME:	Linda Washington Cropp	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4001 18th Street, NW		
CITY/ST/ZIP/CO:	Washington, DC 20011		
NAME:	Henry Green	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1740 Forest Drive		
CITY/ST/ZIP/CO:	Annapolis, MD 21401		
NAME:	Michael J Kelly	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	256 Hollywood Boulevard		
CITY/ST/ZIP/CO:	Whitefield, ME 04353		
NAME:	Elizabeth St. J. Loker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4851 Ferry Neck Road		
CITY/ST/ZIP/CO:	Royal Oak, MD 21662		
NAME:	C. James Lowthers	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	266 Cape St. John Road		
CITY/ST/ZIP/CO:	Annapolis, MD 21401		
NAME:	Elizabeth Oliver-Farrow	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3107 Brooklawn Terrace		
CITY/ST/ZIP/CO:	Chevy Chase, MD 20815		
NAME:	Kevin G Quinn	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	522 Chesapeake Avenue		
CITY/ST/ZIP/CO:	Annapolis, MD 21403		

NAME:	John F Reim	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10812 Pleasant Hill Drive		
CITY/ST/ZIP/CO:	Potomac, MD 20854		
NAME:	Patricia A Rodriguez, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4904 N. 15th Street		
CITY/ST/ZIP/CO:	Arlington, VA 22205		
NAME:	Wayne L Rogers	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 Main Street		
CITY/ST/ZIP/CO:	Annapolis, MD 21401		
NAME:	Guiseppe Savona	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8103 Worthington Manor Place		
CITY/ST/ZIP/CO:	Adamstown, MD 21710		
NAME:	Loretta L Schmitzer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12616 Native Dancer Place		
CITY/ST/ZIP/CO:	N. Potomac, MD 20878		
NAME:	Robert L Sloan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5117 52nd Street, NW		
CITY/ST/ZIP/CO:	Washington, DC 20016		
NAME:	Gerald E Stone	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17 Darney Court		
CITY/ST/ZIP/CO:	Kingsville, MD 21087		
NAME:	Kima J Taylor, MD, MPH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15305 Morningmist Lane		
CITY/ST/ZIP/CO:	Silver Spring, MD 20906		
NAME:	James Wallace, CPA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2851 University Terrace, NW		
CITY/ST/ZIP/CO:	Washington , DC 20016		
NAME:	Kathleen M White, Ph.D., R.N.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2850 Pebble Beach Drive		
CITY/ST/ZIP/CO:	Ellicott City, MD 21042		
NAME:	Robert M Willis, Esq.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1200 G Street, NW		
CITY/ST/ZIP/CO:	Suite 800 Washington, DC 20005		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ Mary EGiblin	Mary EGiblin,	10/31/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		